



STATE OF MAINE  
MAINE REVENUE SERVICES  
24 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0024

JANET E. WALDRON  
COMMISSIONER OF  
ADMINISTRATIVE & FINANCIAL  
SERVICES

ANGUS S. KING, JR.  
GOVERNOR

ANTHONY J. NEVES  
STATE TAX ASSESSOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE  
FOR AN INCORPORATED NONPROFIT ORGANIZATION OR THEIR AFFILIATES WHOSE  
PURPOSE IS TO PROVIDE FREE CLINICAL ASSISTANCE TO CHILDREN WITH DYSLEXIA**

Name of Corporation \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Physical Location \_\_\_\_\_  
Mailing Address \_\_\_\_\_

The statute reads, "Incorporated nonprofit organization or their affiliates whose purpose is to provide free clinical assistance to children with dyslexia."

Is the organization incorporated? Yes \_\_\_ No \_\_\_

Send a copy of the articles of incorporation

Has the organization received 501(c) nonprofit status from the IRS? Yes \_\_\_ No \_\_\_

Send a copy of the IRS determination letter indicating 501(c) nonprofit status

**IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED**

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status

I hereby certify that \_\_\_\_\_ is an incorporated nonprofit organization. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (16).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Tel: \_\_\_\_\_

Title: \_\_\_\_\_

Fed ID: \_\_\_\_\_

Date Facility Opened: \_\_\_\_\_

ST-R-43